PLACE OF BIRTH	ARIZ	ZONA STATE	BOARD OF	HEALTH
County of Maricagea	BUREAU OF VITAL STATISTICS		State Index No	260
District of Mean Mrs 13	ORIGINAL CERTIFICATE	OF BIRTH	Co. Registrar No	15-54
Town of Mesa arigona			Local Registrar's l	No. 323
City of	(No. NAME ADDED BY SUPPLEM	ENI	St	Ward)
FULL NAME OF CHILD 2000 Revenue on blank obtainable from local registrar.    Born   YES   No.   Alive   No.				
Sex of Twin, Child male Triplet one or other	and Number in order of birth	Legiti- Date of Birth	f Sept. 14 (Month) (Da	/922 iy) (Yr.)
Full FATHER Name	Full Maiden Name		THER Lamesma	millett
Residence	Residence		Usi con	<u> inana</u>
Color Age at last or Race Birthday		white.	Age at last Birthday	22 (Years)
Birthplace Wtah	Birthplace	arison	ia.	
Occupation Carpenter	Occupation	n House	wife	
Number of Child Number of of this mother. 2 Number of this mot	children of her now living are	Were precautions Ophthalmia	s taken against neonatorum?	yes
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*				
I hereby certify that I attended the birth	of the above child, and tha	t it scaurred on	Lept. 14 192.	2, at /:50M.
*When there is no attending physician or midwife, then the householder should make this return.	(Signature)	A. V. S (Attending physicia	n, <del>midwife, housele</del>	- 97-W
Given or Christian name added from a	Address.	meo	a, gres	<del></del>
supplemental report192	Filed 10 - 13 192.2		LOCAL RE	ane or
1024-914-543	A True (	Copy		
COUNTY REGISTRAR.	r neu. (		COUNTY RE	GISTRAR.